

**SUPERVISORY REVIEW REPORT AND FINDINGS**

**CERTIFIED MAIL OR HAND DELIVERY**

**Corrective Plan Begin Date:**

**Date of Supervisory Review:**

**Persons Present at Supervisory Review:**

**Review of Substantiated Violations.**

**Decision:**

**Review of Corrective Plan.** For each disputed provision in the Corrective Plan, summarize the licensee/permit holder's objection to the provision.

**Decision:**

**Notice to Licensee/Permit Holder:**

You are required to correct each substantiated violation above for which the finding was "Upheld" and to comply with the provisions of the above-referenced Corrective Plan. If any provisions in the Corrective Plan were amended, a Corrective Plan Amendment is attached and you are also required to comply with this Corrective Plan Amendment.

Failure to cooperate with the Licensing Representative and comply with the Corrective Plan may result in a recommendation 1) to initiate enforcement action against the facility, or 2) to change the hours of operation, capacity or other conditions under which the facility is permitted to operate.

Date: \_\_\_\_\_

Licensing Supervisor

cc: